

**Department of Health and Human  
Services  
Office of Child and Family Services**



**Integration Services Plan  
For 2006**

*James E. Beougher, Director*

**March, 2006**



## Acknowledgements

Office of Child and Family Services Senior Managers:

Chris Beerits, Deputy Director, Child Welfare  
Joan Smyrski, Director, Children's Behavioral Health  
Ellen Beerits, Acting Director, Division of Public Service Management  
Andy Cook, M.D., Children's Medical Director, Children's Behavioral Health  
Dan Despard, Director, Division of Policy and Practice for Child Welfare

And

Jeanne Kannegieser, Project Specialist, Child Welfare Training Institute  
Leslie Rozeff, Director, Child Welfare Training Institute  
Dianne Stetson, Early Childhood Systems Consultant  
Elaine White, Clerk IV, Office of Child and Family Services

Thank you for the hours and excellent work that you have all contributed to our Integration Plan. I especially thank you for completing the elements of the concept section so quickly and completely.

My special thanks to Jeanne for her help in organizing our work.

Thanks to Jessica Geiben-Lynn, Center for Applied Research, for the consultation provided to the group, and to the many other staff statewide who have been involved in this effort.

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# **Integration Need and Integration Theory**

## **Service and Outcome Needs**

Many Maine families need an array of services to ensure the safety, health, well-being, and permanency of their children.

## **Permanency Defined**

Permanency means that children will stay connected to their family or come to have another family that belongs to them.

Permanency is having family that provides a lifelong connection and unconditional care.

## **Today's Service Mix**

In Maine, families have available a host of services, supports and treatments. Accessing these services in a coordinated manner can be daunting and overwhelming.

## **From Mix to Integration**

In order to improve access, services, and outcomes for the people of Maine, the Legislature passed a law in May 2004 establishing a unified Department of Health and Human Services (DHHS).

## **Department-wide Goals**

DHHS has four goals.

1. Protect and enhance the health and well-being of Maine citizens
2. Promote independence and self-sufficiency
3. Protect and care for those who are unable to care for themselves
4. Provide effective stewardship for the resources entrusted to the Department.

## **Structuring for Integration**

In our new unified Department, our Commissioner, with consultation from a broad-based advisory team, has placed 3 major 'service clusters' under one "Office."

- Child Welfare Services
- Children's Behavioral Health Services
- Early Childhood Services

## **Core Values**

1. The OCFS system of care should be child centered and family focused, with the needs of the child and family dictating the mix of services provided.
2. The OCFS system of care should be community based, with the locus of services, as well as management and decision making responsibility, resting at the community and family level.

## **Guiding Principles**

1. Services for children are focused on permanency wherever possible. Permanency is a connection to family and community that is intended to be permanent.
2. Children have access to a comprehensive array of effective services that ensure safety and meet the child's physical, emotional, educational and social needs.
3. Wraparound principles are being followed.
4. Children receive services in the least restrictive, most normative environment that is clinically possible/available.
5. Families/caregivers/guardians are full participants in all aspects of planning and assessment of treatment and other services.
6. Services for children and families are strengths based.
7. Children receive integrated services with linkages between agencies.
8. Early identification and intervention for children with emotional problems are promoted.
9. Children are ensured smooth transitions to adult service systems, as they reach maturity.
10. The rights of children are being protected. Effective advocacy efforts for emotionally disturbed children and youth are promoted.
11. Children receive services without regard to race, religion, national origin, sex, physical disability or other characteristics and services are sensitive and responsive to cultural differences.
12. Services to children and families reflect a commitment to the prevention and early intervention of problems that could impact the child's physical, emotional, social and educational needs.

## **OCFS Goals**

Our new Office has five goals focusing on children and families.

1. Protect and enhance the health and well-being of youth and families. Program performance indicators for Child and Family Outcomes include:
  - Improved social/emotional well-being (percentage of families/youth reporting positively about well-being outcomes).
  - Improved behavioral/functional status (increase in percentage of children/youth with stable or improved functioning).
  - Improved educational outcomes. Reduction in unexcused absences from school (percentage of children with 2 or fewer absences per month).
  - Improved health (all children)
  - Reduced Criminal Justice contacts (percentage of children/youth arrested or involved with courts).
  - Increased percentage of child welfare cases reviewed that were rated as a strength for the following federal well-being indicators: Needs and services of child, parents, and foster parents; Educational needs of the child; Physical Health of the child; and Mental Health of the child.
  - Increased percentage of foster care children who receive monthly contact from case worker
  - Increased percentage of children who meet developmental milestones.
  - Reduced exposure to substance use in the home (percentage of parent/caregivers who cease or reduce use of substances or reduce exposure to children).
  - Increased percentage of children whose family strengths are maintained or improved. (Measured using the Family Strengths Checklist from the Home Visiting Tracking System.)
  - Increased percentage of first time parents who receive evidence-based home visiting and parent education services.
2. Provide effective safety response and timely access to an array of services to meet individual child and family needs. Program performance indicators for Safety Response and Access include:
  - Increased percentage of families/youth reporting positively about access to services.
  - Increased number of children/youth with serious emotional disturbances served compared to estimated need (penetration rate).
  - Increased percentage of families reporting that needs have been met.
  - Increased percentage served of families eligible for child care subsidy through public/private partnerships.
  - Improve Child Welfare response time by initiating face-to-face contact with family members being assessed for child abuse or neglect within 120 hours of receipt of report at Intake.
  - Completion of Child Protection Assessments within policy time frames.

3. Support and enhance youth, family, and community participation in system and service planning/decision making. Program performance indicators for Youth, Family, and Community Participation include:
  - Increased percentage of families/youth reporting positively about involvement and engagement in service planning.
  - Increased active participation of parents, developmentally appropriate children and foster parents in case planning.
  - Increased number of Family Team Meetings that occur, following policy guidelines.
  - Increased number of communities with early childhood systems plans.
  - Increased percentage of family participants in Head Start Policy Council that report positively about involvement.
4. Use State resources to maximize efficient and effective services to meet the needs of children and families. Program performance indicators for Quality, Appropriateness, and Efficiency include:
  - Increased percentage of families/youth reporting positively about the quality/appropriateness of services received.
  - Increased number of children/youth receiving evidence-based services/increase in number of evidenced-based services for children/youth provided by state.
  - All children entering foster care will have a Levels of Care Assessment within 90 days (increased percentage of children entering foster care who receive assessment within 90 days).
  - For Child Protective Services, increase the percentage of assessments rated for strength in addressing risk of harm to children in their homes.
  - Increased percentage of child care – head start programs that meet National Association of the Education of Young Children staff to child ratios and group size guidelines.
  - Increased percentage of families that are able to meet basic needs (food, shelter, & health care).
  - Increased percentage of eligible children who receive Head Start Services.
  - Increased percentage of Child Care/Head Start programs who receive quality certificates.
  - Increased percentage of subsidized children served in child care/Head Start programs with quality certificates.
5. Increase opportunities for children/youth to live in a family within their community. Program performance indicators for Stability and Permanence include:
  - Reduced use of restrictive out-of-home placements (percentage of children/youth placed in residential or psychiatric in-patient setting and reduction in average length of stay).
  - Reduced change in living situations (permanence).
  - Reduced number of children placed out of their home districts.
  - Increased number of Kinship Placements for children.



- Increased number of children meeting permanency goals for reunification, guardianship and adoption.
- Increased number of children meeting permanency goal of guardianship.

## **Our Collective Charge**

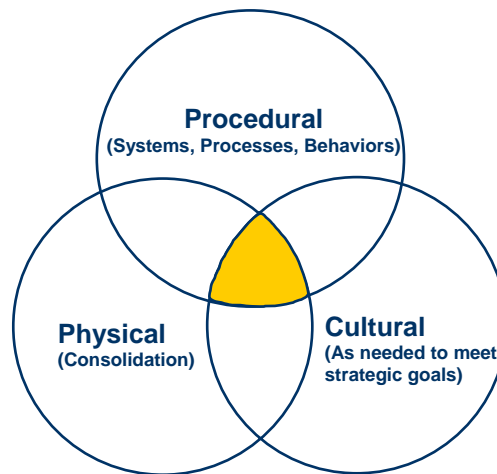
To meet OCFS goals, our charge is to:

- simplify and streamline client processes
- ensure ease of access, effective treatment and other services, and produce desired outcomes for children and families.

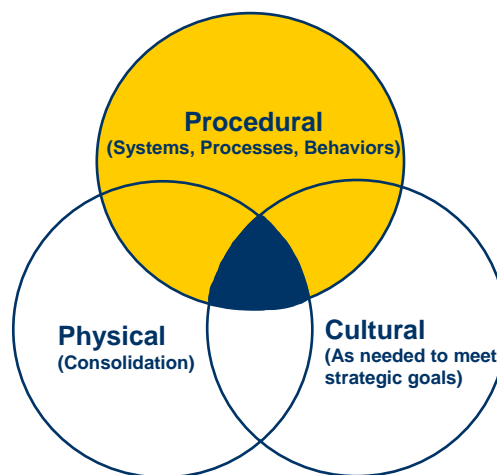
**This is service integration.**

**Service integration = system reform.**

## **Integration is Accomplished on Three Levels**



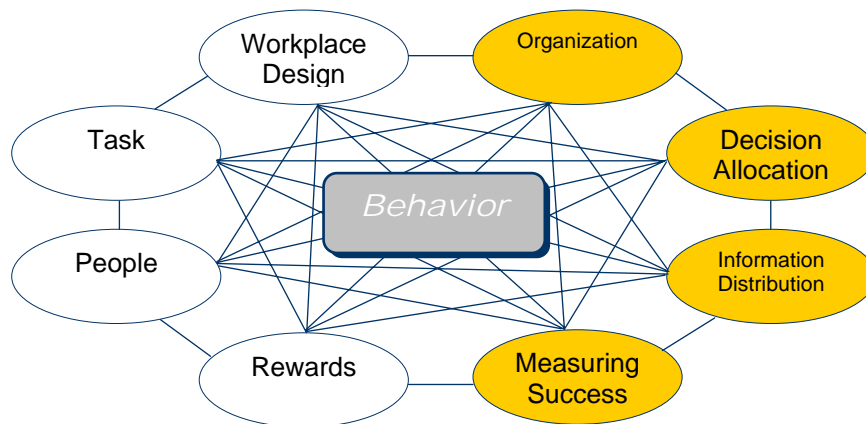
## **Initial Focus on Procedural**



If you want to change behavior, you need to change procedures in more than one part of the system.



Of The Eight Domains Related to Procedural Change, Initial Focus is on Organization, Decision Allocation, Information Distribution and Measuring Success.



### Some definitions

<b>Measurement</b>	What data is collected and how it is used.
<b>Organization</b>	Both the standing reporting structure and ad hoc teams.
<b>Decision Allocation</b>	Who participates in what manner in which decision?
<b>Information Distribution</b>	Who gets to know what when?

# **Integration Plan Framework**

To promote effective leadership into the future, we must develop a sound organizational structure to support the Office of Child and Family Services.

## **Organizational Structure**

Our structure must reflect the need to meet the defined roles of children's behavioral health, child welfare and early childhood programs. Nothing in the new organization should limit or impede the expertise needed to meet those programmatic expectations. In addition, the structure must assure that families will have ease of access when needs cannot be met by a single component of the structure. Among other integrated functions the OCFS will be organized to support a single system of behavioral health services for children served by DHHS.

## **Decision-making**

Decision-making protocols are needed to support sound, confident decision-making by various managers and to effectively and efficiently use the resources of the office. The decision-making process will use cross-functional teams, lateral communication and the inclusion of parents, youth, stakeholders and communities in the services being delivered. The decision-making process will include as many voices as time allows. The OCFS will support and encourage leadership opportunities throughout the organization.

## **Utilization Review Policies**

Prior authorization and review policies will be developed for all treatment services.

## **Contracts and Quality Assurance**

The programmatic components of contracts and the QA functions related to contracts are a key to successful outcomes for the children and families served by OCFS. To meet that obligation, management resources will need to be devoted and a process put into place to assure that open competitive access to contracts and systematic, objective monitoring of contract compliance is assured. The intent is to have uniform, evidence-based systems of care available throughout the state.

## **Partnerships and Quality Improvement**

The Office will partner with the state's managed care provider to define an evidence-based system of care that meets the needs of consumers of service. OCFS will partner with the managed care provider to assure an adequate quality assurance process leading to systemic quality improvement.

### **Service Access and Training**

OCFS will review current training curriculums to assure that they are efficient, complementary, and effective.

### **Communication**

The OCFS will develop a communication protocol to assure that information is disseminated in a timely and accurate manner to and from employees and stakeholders.

### **Case Management**

The OCFS will implement a plan to support consistency of case management services and to avoid multiple case managers for the same child and family whenever feasible.

### **Strategic Planning**

An annual strategic planning process will be completed to provide a framework for planning and focusing on key organizational outcomes.

## Components of Plan, Time Frames and Responsible Leaders

Strategies (What)	Activities (How)	Timeline	Lead *See Lead Legend
1. Development of Office of Child and Family Services (OCFS) organizational structure will be completed	1.a. The Director, Early Childhood Services position will be developed and hired.	Jan.-May 2006	Jim Beougher; OCFS Management Team Dianne Stetson
	1.b. The Director, Child Welfare position will be developed, funded and hired.	Jan.-Dec. 2006	Jim Beougher; OCFS Management Team
	1.c. The OCFS organizational structure will reflect the integration of roles and responsibilities related to Quality Improvement/Quality Assurance, Contracting and Utilization Review/Prior Authorization.	Jan.-Dec. 2006	Jim Beougher; OCFS Management Team
	1.d. Co-location of OCFS staff will be pursued. <ul style="list-style-type: none"> <li>Decision on co-location</li> <li>If co-location can be achieved, plan will be carried out.</li> </ul>	March-May 2006 May-Dec. 2006	Jim Beougher
2. Policy and decision making process will be outlined	2.a. The OCFS Management Team will develop and use responsibility charting as its decision making process. Responsibility charting is a process for negotiating a shared understanding of responsibilities across a collection of roles. It increases accountability and leads to more effective delegation and communication.	12/20/05 (Completed)	Jim Beougher; OCFS Management Team

Strategies (What)	Activities (How)	Timeline	Lead *See Lead Legend
	2.b. The Director of Children’s Behavioral Health Services, Director of Child Welfare Policy and Practice, and Director of Early Childhood Services will review existing policy to ensure consistency with OCFS core values and guiding principles and ensure that policy is in the same format whenever possible. Any newly developed policy will be reviewed by the management team for consistency with OCFS core values and guiding principles and to make sure policies complement each other in achieving OCFS goals and objectives.	Begin March 2006 or when Early Childhood Director is hired	Joan Smyrski; Dan Despard; Early Childhood Director
3. Unified system of Children’s Behavioral Health Services	<p>3.a. Develop a process to ensure CBHS management expertise is utilized for behavioral health issues for BCFS children.</p> <p>3.b. Solicit input from legacy BCFS and CBHS Regional/District staff and analyze results. This process will be continued on an ongoing basis to get staff feedback.</p> <p>3.c. Reconvene District/Region staff to share progress in removing silos and barriers to integrated services in their communities.</p> <p>3.d. Complete focus groups with parents/families /guardians to discuss their needs and impressions of treatment services that are effective.</p> <p>3.e. Review all treatment services currently purchased by OCFS for the following: (cross reference 5.a.)</p> <ul style="list-style-type: none"> <li>• efficacy</li> <li>• geographical distribution</li> <li>• timeliness of access</li> </ul>	<p>Oct. 2005 (Completed)</p> <p>Oct.-Dec. 2005 (Completed)</p> <p>Dec. 2005-March 2006 (Completed)</p> <p>Jan-June 2006</p> <p>Feb-May 2006</p>	<p>Jim Beougher</p> <p>Jim Beougher; OCFS Management Team;</p> <p>Jim Beougher OCFS Management Team</p> <p>Ann O’Brien Jay Yoe</p> <p>Joan Smyrski OCFS Management Team</p>

Strategies (What)	Activities (How)	Timeline	Lead *See Lead Legend
	<p>3.f. Review all necessary support/social services. (cross reference 5.b., 5.c.)</p> <p>3.g. Design the unified Children’s Behavioral Health System of Care (CBHSC) based on the above.</p> <ul style="list-style-type: none"> <li>• Decide which treatment services to purchase and/or enhance</li> <li>• Decide how to authorize and review care</li> <li>• Decide how to measure outcomes, performance standards</li> </ul> <p>3.h. Design quality assurance and quality improvement program for this system of care.</p> <p>3.i. Implement the oversight; and monitoring activities related to the CBHSC (contracting for new/different services, UR, QA/QI, Resource Development, Outcome Assessments)</p>	<p>Feb-May 2006</p> <p>April-May 2006</p> <p>July-August 2006</p> <p>September 2006</p>	<p>Andy Cook Dulcey Laberge</p>
<p>4. Prior authorization and utilization review (UR) policy for residential services will be developed.</p>	<p>4.a. MCO provides oversight and management of residential services.</p> <ul style="list-style-type: none"> <li>• Review how current Child and Family Team Process policy fits with existing Utilization Review process, including clarification of roles, who calls meetings and under what circumstances, etc.</li> <li>• Establish policies, procedures and training plan to ensure OCFS placement coordinators, caseworkers, supervisors, and Program Administrators (PAs) serve in the similar capacity as the CBHS Mental Health Coordinator’s (for children in DHHS custody) with regard to a UR process</li> <li>• Develop training for providers, Guardians ad litem, Judges, attorneys and JCCO’s to ensure a consistent understanding of the utilization review process.</li> <li>• Train all CW caseworkers, placement coordinators, supervisors, PAs, MHPC/SAC and Team leaders regarding</li> </ul>	<p>May 2006</p> <p>Jan.-May 2006</p> <p>Feb.-May 2006</p> <p>April-June 2006</p>	<p>Andy Cook Dan Despard</p>





Strategies (What)	Activities (How)	Timeline	Lead *See Lead Legend
	5.d. Enhance provider accountability and quality of service through clear and measurable performance measures <ul style="list-style-type: none"> <li>• Develop comprehensive internal QA/QI process for program monitoring and evaluation</li> </ul> 5.e. Director of Public Service Management will have responsibility for program oversight of contracts in collaboration with program experts from each service cluster	May-July 2006          April 2006	Dulcey Laberge          Dulcey Laberge
6. Partner with the managed care provider to assure quality assurance process leading to systemic quality improvement	6.a. Participate in the DHHS workgroup to design the Managed Care Organization (MCO).  6.b. Identify quality management and performance measures that OCFS determines should be reflected in the contract with the MCO.  6.c. Develop reports with MCO that will assist in QA/QI.	January 2006  Jan.-April 2006  Jan.-May 2006	Jim Beougher Joan Smyrski  Andy Cook Joan Smyrski Dan Despard Dulcey Laberge  Jay Yoe Dan Despard Ann O'Brien
7. Training will be aligned with organizational goals	7.a. Review funding/expenditures and training activities <ul style="list-style-type: none"> <li>• What is each service cluster buying?</li> <li>• What does it cost?</li> <li>• How is it paid for?</li> <li>• What can be shared?</li> <li>• What is duplicative?</li> <li>• Where are the training gaps?</li> </ul> 7.b. OCFS Management Team to prioritize training needs/initiatives	April-June 2006	Ann O'Brien Dulcey Laberge Early Childhood Director

<b>Strategies (What)</b>	<b>Activities (How)</b>	<b>Timeline</b>	<b>Lead</b> *See Lead Legend
	on an annual basis	Jan.-July 2006	Jim Beougher or Designee
	7.c. Multi-disciplinary OCFS workgroup will identify expected core competencies and functions in the public and private workforce. Workgroup will provide recommendations to OCFS Management Team. The workgroup will include field representatives from CBHS and CWS.	Aug.-Oct. 2006	Ann O'Brien Linda Brissette Early Childhood Director
8. Develop a communication plan for OCFS	8.a. Develop standardized communication expectations at all levels for internal communications.	Jan.-May 2006	Elaine White OCFS Management Team
	8.b. Leads from each service cluster attend each other's management meetings at regular intervals to share relevant information.	Begin March 2006	Joan Smyrski, Chris Beerits Early Childhood Director
	8.c. OCFS Management Team designees will provide information to Lynn Kippax about each service cluster.	March/April 2006	Jim Beougher
	8.d. For the near term, OCFS Management Team designees identify with Lynn Kippax and Lucky Hollander how decisions will be made about disseminating law, policy, and budget information to external stakeholders and by whom.	January 2006 (Completed)	Jim Beougher
	8.e. Develop one to several over-arching messages for the OCFS.	Jan.-May 2006	Jim Beougher
	8.f. Develop updated email lists for internal and external stakeholders.	January 2006 (Completed)	Elaine White
	8.g. Send out relevant monthly highlights to updated list.	Jan. 2006- Ongoing	Elaine White

Strategies (What)	Activities (How)	Timeline	Lead *See Lead Legend
	<p>8.h. Develop communications for each month where there is one of the following designated national themes:</p> <p>National Eating Disorder Awareness  Early Childhood Development/Early Care and Education  Autism Awareness  Child Abuse  National Crime Victim's Rights  Sexual Assault Awareness  Week of the Young Child  Depression Awareness  Foster Care  National Family Month  National Provider Appreciation – Early Care and Education  Suicide Prevention  Children's Health Month  Children's Mental Health  Domestic Violence  Adoption</p> <p>8.i. With approval from Jim Beougher and Nancy DeSisto, update Office of Child and Family Services website to reflect integration of Child Welfare, Children's Behavioral Health and Early Childhood Services.</p>	<p>Jan.-Dec. 2006</p> <p>February  March  April  April  April  April  April  May  May  May  May  September  October  October  October  November</p> <p>Feb.-April 2006</p>	<p>Jim Beougher</p> <p>Dr. Andy Cook  Carolyn Drugge  Dr. Andy Cook  C.Beerits/D.Despard/S.Peavey  Carolyn Drugge  Carolyn Drugge  Carolyn Drugge  Dr. Andy Cook  Chris Beerits/Dan Despard  Sheryl Peavey  Carolyn Drugge  Dr. Andy Cook  Sheryl Peavey  Joan Smyrski  Dulcey Laberge  Dan Despard</p> <p>Matt Ruel</p>
9. Implement a consistent case management services plan	9.a. Develop unified practice guidelines based on shared values and principles upon which Child Welfare, Children's Behavioral Health Services, and Early Childhood Services conduct their work.	<p>July-Dec. 2006</p> <p>July-Dec. 2006</p>	<p>Andy Cook  Chris Beerits</p> <p>Dan Despard</p>

Strategies (What)	Activities (How)	Timeline	Lead *See Lead Legend
	<p>9.b. Review existing protocols and develop agreements among service clusters in OCFS to enable efficient and effective transition among case management services, while eliminating any unnecessary duplication of case management with any one family.</p> <p>9.c. Align quality assurance for case management. Monitor implementation and outcomes of services provided to assure fidelity to the unified practice guidelines.</p> <p>9.d. Analyze existing data to determine present degree of overlap of CPS/CIP, CBHS, Head Start and other TCM services. Compare data with a state that has had success in integrating these services.</p>	<p>Begin Dec. 2006</p> <p>Begin Sept. 2006</p>	<p>Sharon Kelly</p> <p>Dulcey Laberge Ann O'Brien</p> <p>Matt Ruel</p>
<p>10. Engage in an annual strategic planning process which will focus on key organizational outcomes and diversification of funding sources.</p>	<p>10.a. OCFS Annual Strategic Plan will be done by October, 2006 and annually thereafter. This planning process will include provider, consumer and family partnerships.</p>	<p>Aug.-Oct. 2006, then annually</p>	<p>OCFS Management Team</p>

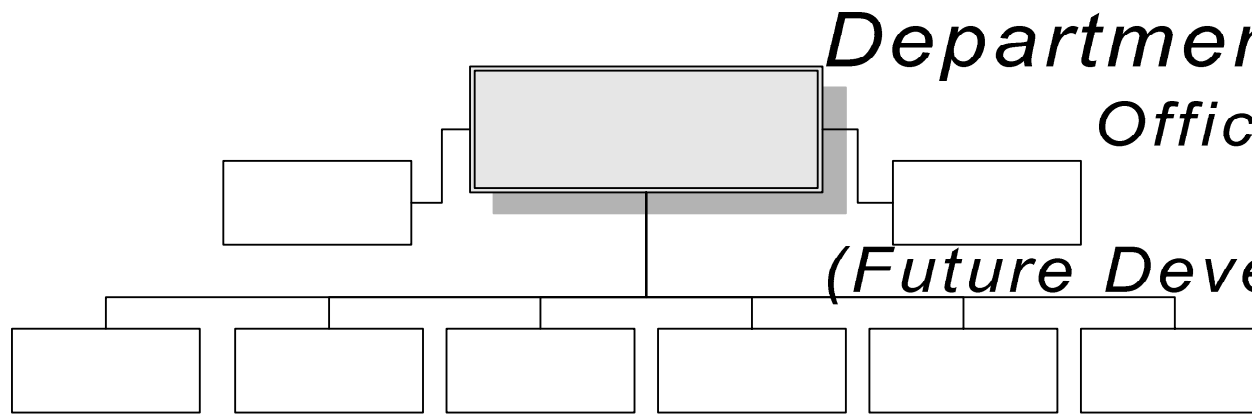
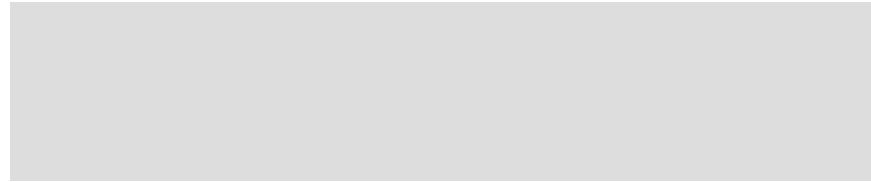
**Lead Legend:**

**OCFS Management Team:**

James Beougher, Director, Office of Child and Family Services  
Christopher Beerits, Deputy Director, Child Welfare  
Joan Smyrski, Director, Children's Behavioral Health Services  
Andy Cook, M.D., Medical Director, Children's Behavioral Health Services  
Daniel Despard, Director, Division of Policy and Practice for Child Welfare  
Ellen Beerits, Acting Director, Division of Public Service Management  
Douglas Patrick, Children's Systems Mgr., Children's Behavioral Health Services  
Dulcey Laberge, Director, Division of Public Service Management (4/3/06)  
\*Carolyn Drugge, Director, Office of Child Care and Head Start  
\*Sheryl Peavey, Program Manager, Early Childhood/Home Visitation Program  
Jeanne Kannegieser, Project Specialist, CWTI  
Elaine White, Clerk IV, OCFS  
Director, Child Welfare  
Director, Early Childhood  
\*Representing the Early Childhood Division until Director's position is hired.

**Other Leads for Integration Planning:**

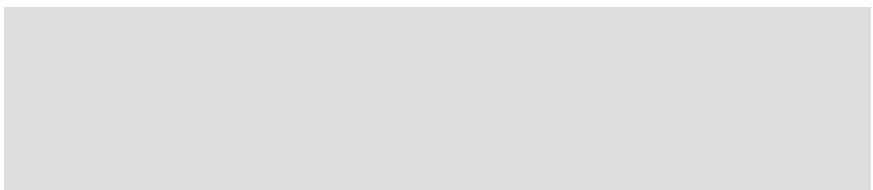
Bob Blanchard, Liaison, Financial Services  
Linda Brissette, Children's Services Program Specialist  
Sharon Kelly, Children's Behavioral Health Program Specialist  
Ann O'Brien, Children's Policies & Procedures Manager  
Matt Ruel, Program Manager, MACWIS/Data  
Dianne Stetson, Early Childhood Systems Consultant  
Jeff Toothaker, Purchased Services Manager  
Jay Yoe, Director of Quality Improvement



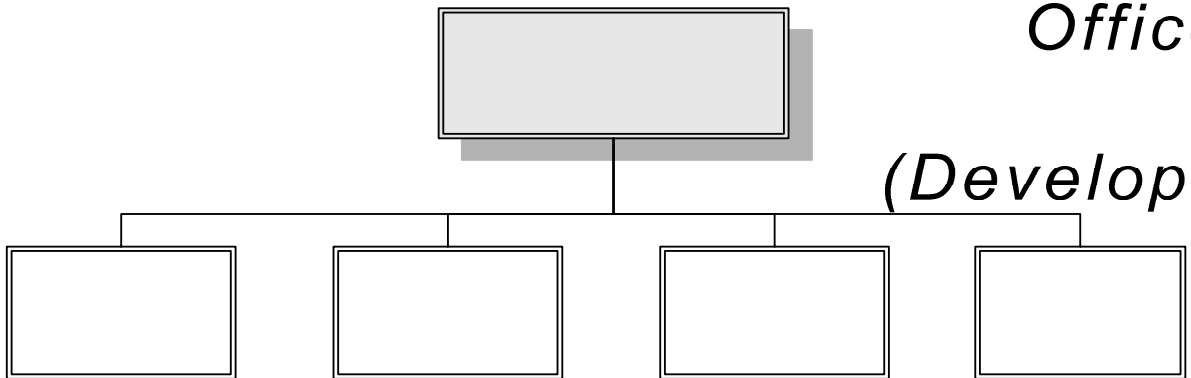
***Department of Health***  
***Office of Child & Family Services***  
***Current Structure***  
***(Future Development Organization)***

**James Beckett**  
Director  
Office of Child & Family Services

Frances Ryan  
Special Projects/  
Resource Development



*Department of Health &  
Office of Child & Family Services  
Future Core Strategies  
(Development Ongoing Through 2006)*



**James Beou**  
Director  
Office of Child & Family Services



